Nursing care across the prevention of vertical transmission of HIV

Costa, Romanniny Hévillyn Silva; Silva, Richardson Augusto Rosendo da; Medeiros, Soraya Maria de

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:
Costa, R. H. S., Silva, R. A. R. d., & Medeiros, S. M. d. (2015). Nursing care across the prevention of vertical transmission of HIV. *Revista de Pesquisa: Cuidado é Fundamental Online*, *7*(1), 2147-2158. https://doi.org/10.9789/2175-5361.2015.v7i1.2147-2158

Federal University of Rio de Janeiro State
Journal of Research Fundamental Care Online
ISSN 2175-5361
DOI: 10.9789/2175-5361

INTEGRATIVE REVIEW OF THE LITERATURE

Cuidado de enfermagem diante da prevenção da transmissão vertical do HIV

Nursing care across the prevention of vertical transmission of HIV

Cuidados de enfermería a través de la prevención de la transmisión vertical del VIH

Romanniny Hévillyn Silva Costa [1] , Richardson Augusto Rosendo da Silva [2] , Soraya Maria de Medeiros [3]

ABSTRACT

Objective: To analyze the contextual aspects of nursing care across the prevention of vertical transmission of HIV. **Method**: this is an integrative review conducted in the databases SCOPUS, CINAHL, PUBMED and LILACS. The articles were analyzed using the theoretical framework of contextual analysis, according to Hinds, Chaves and Cypress. **Results:** the results were: nurses´ performance against the prevention of vertical transmission (immediate); factors hinder this prevention (specific); cultural aspects involved (general) and Health Policies aimed at preventing HIV/AIDS (meta-context). **Conclusion:** the analysis of these dimensions involves a growing understanding of the phenomenon and their interrelations. The nurse should know the angles of this reality to act with better resolution and quality in prevention of vertical HIV transmission. **Descriptors:** Pregnant women, Prevention e control, Acquired immunodeficiency syndrome.

RESUMO

Objetivo: Analisar os aspectos contextuais do cuidado de enfermagem diante da prevenção da transmissão vertical do HIV. **Método:** trata-se de uma revisão integrativa realizada nas bases de dados SCOPUS, CINAHL, PUBMED e LILACS. Os artigos foram analisados por meio do referencial teórico de análise contextual segundo Hinds, Chaves e Cypress. **Resultados:** os resultados encontrados foram: atuação do enfermeiro diante da prevenção da transmissão vertical (imediato); fatores que dificultam essa prevenção (específico); aspectos culturais envolvidos (geral); e as Políticas da Saúde voltadas a prevenir o HIV/AIDS (metacontexto). **Conclusão:** a análise dessas dimensões envolve uma visão crescente do fenômeno e de suas inter-relações. O enfermeiro deve conhecer os ângulos dessa realidade para atuar com maior resolutividade e qualidade na prevenção da transmissão vertical do HIV. **Descritores:** Gestantes, Prevenção & controle, Síndrome de imunodeficiência adquirida.

RESUMEN

Objetivo: Analizar los aspectos contextuales de los cuidados de enfermería a través de la prevención de la transmisión vertical del VIH. **Método:** se trata de una revisión integradora realizada en las bases de datos SCOPUS, CINAHL, PubMed y Lilacs. Los artículos fueron analizados utilizando el marco teórico de análisis contextual, según Hinds, Chaves y Cypress. **Resultados:** los resultados fueron: rendimiento de las enfermeras en contra de la prevención de la transmisión vertical (inmediata), los factores de dificultan esa prevención (específica), aspectos culturales implicados (general) y las políticas de salud dirigidas a la prevención del VIH/SIDA (metacontexto). **Conclusión:** el análisis de estas dimensiones implica una creciente comprensión del fenómeno y sus interrelaciones. La enfermera debe conocer los ángulos de esta realidad para que actúen con mayor resolución y calidad en la prevención de la transmisión vertical del VIH. **Descriptores:** Mujeres embarazadas, Prevención & control, Síndrome de inmunodeficiencia adquirida.

[1]Nurse. Master degree student in the Nursing Graduate Program from the Federal University of Rio Grande do Norte. Natal/RN, Brazil. E-mail: romanniny@yahoo.com.br. [2]Nurse. PhD in Health Science. Adjunct Professor of Nursing Graduation Course (Master and PhD) from the Federal University of Rio Grande do Norte. Natal/RN, Brazil. E-mail: rirosendo@yahoo.com.br. [3]Nurse. PhD. Associated Professor of Nursing Course from the Nursing Graduate Program (Master and PhD) from the Federal University of Rio Grande do Norte. Natal/RN, Brazil. E-mail: sorayamaria_ufrn@hotmail.com.

INTRODUCTION

Paradigm is the set of cultural elements of knowledge and theoretical, technical and methodological codes shared by members of a scientific community, at a given historical moment, which will direct the attitudes and behaviors in a society.[1]

In the area of science, there is a big discussion about the postmodern science or complex science, which values the humanistic aspects as Santos and Morin stated, respectively.[2.3] Santos presents the emerging paradigm, which can be described by four principles: 1) all-natural scientific knowledge is social-scientific; 2) all knowledge is local and total; 3) all knowledge is self-knowledge; 4) all scientific knowledge aims to constitute common sense.[2]

In this sense, the practice of health is also being discussed under the vision of the emerging and complexity paradigm. Mendes, based on these perspectives, brings the counter-hegemonic paradigm or of social production, specifically, to the area of health.[4]

This proposed paradigm by Mendes is based on positive health concept, in which health is regarded as something wider and total, being linked to quality of life, and not merely the absence of disease as it was in the flexneriano paradigm. In addition, he understands that health is produced socially and in permanent mutation that, by action of the determining factors of health, can generate health accumulations or disaccumulations, therefore health has its social-scientific character and consists also of common sense. Furthermore, the health practice is based on health surveillance, which prioritizes the actions of health promotion and disease prevention, but disregards the curative ones.[4]

The practice of the nurse shall be reflected in that sense, as well as social practice, new paradigm of health, through health practice that considers the values, social aspects, cultural, psychological, and political and economic management of the care being shared with the client.[4]

Among the various areas of the nurse acting, the mother and child health is highlighted, either within the primary, secondary, or tertiary. In addition, the nurse is one of the professionals providing care to patients with Acquired Immunodeficiency Virus (HIV) or acquired immunodeficiency syndrome (AIDS).

Given this, it is important to consider that during the period 2002-2012, 151,902 women diagnosed with AIDS were registered by the Department of Informatics of the Unified Health System (SUS), 83% of them were in the reproductive age group; and 5,838 cases of AIDS were reported with the kind of exposure to vertical transmission.[5]

Based on the above, it is easy to observe what measures of health promotion and the prevention of HIV infection and vertical transmission must be adopted, with the nurse inserted in this context, in which, commonly, are also present sociocultural, economic, political and emotional aspects involved.

Thus, it is believed that through a study may have an expansion of knowledge about the contexts that involve nursing care with regard to prevention of vertical transmission of HIV and may subsidize greater attention to their difficulties in order to contribute to their confrontation.

Given the above, the study aimed to analyze the contextual aspects of nursing care on prevention of mother-to-child transmission of HIV.

METHOD

It is an integrative review, which aims to seek, critically evaluate and synthesize the available evidence on the topic researched, increasing the ability of data generalization about a phenomenon. This method of research follows five well-defined steps: identification of the research question, searching the literature, data evaluation, data analysis and presentation of results[6].

To guide the research, the following question was formulated: How are the contextual aspects of nursing care working on prevention of mother-to-child health transmission of HIV?

The search was conducted in July of 2013, in the following databases: SCOPUS, CINAHL (Cumulative Index to Nursing and Allied Health Literature), PUBMED (National Library of Medicine and Nattional Institutes of Health) and LILACS (Latin American literature and Caribbean Center on Health Sciences). The databases were consulted in their specific sites. Furthermore, for this study in order to complement the discussions of the results, the publications of Ministry of Health of Brazil was used.

Inclusion criteria were: full articles publications available electronically that address the topic under study and articles published in Portuguese, English and Spanish. Exclusion criteria were: articles that were not documents (literature review, article, update congresses). In order to carry out a broad assessment of the object of study all publications available in each database until July 2013 were collected without previous limit stipulated.

The identified keywords in MeSH (Medical Subject Headings) were: pregnant women, prevention and control, acquired immunodeficiency syndrome.

The results obtained were analyzed and grouped into different thematic situations through the theoretical framework of Hinds, Chaves and Cypress. In this proposal, the context is explained as consisting of four interrelated contextual levels: immediate, specific, general and meta-context.[7]

In this sense, the examination of any event of reality begins by micro aspects, which describe how it happens, permeatingthe relationships that comprise the specific cultural and social dimensions of the event, until the macro political, conceptual and philosophical considerations that characterize them.[7]

RESULTS E DISCUSSION

In this integrative review, seven articles that met the inclusion and exclusion criteria established in advance were analyzed. In table 1, the characterization of the studies is presented.

The results found, according to the conceptual perspective of each context, were: role of the nurse on the prevention of vertical transmission (immediate); factors that hinder prevention (specific); cultural aspects involved (general); and health policies aimed at preventing HIV/AIDS (meta-context).

Id*	Reference	Study delineation	Contextual layer addressed the phenomenon *
A	Barcellos C, Acosta LMW, Lisboa E, Bastos FI. Vigilância da transmissão vertical do HIV: indicadores socioeconômicos e de cobertura de atenção à saúde. Rev saúde pública. 2009; 43(6):1006-13.	Ecologic study	Specific context
B	Araújo MAL, Vieira NFC, Silva RM. Implementação do diagnóstico da infecção pelo HIV para gestantes em Unidade Básica de Saúde da Família em Fortaleza, Ceará. Ciênc & saúde coletiva. 2008; 13(6): 1899-906.	Qualitative study	Specific context
C	Darmont MQR, Martins HS, Calvet GA, Deslandes S, Menezes JA. Adesão ao pré-natal de mulheres HIV+ que não fizeram profilaxia da transmissão vertical: um estudo sociocomportamental e de acesso ao sistema de saúde. Cad saúde pública. 2010; 26(9): 1788-96.	Quantitative Study	Specific and general context
D	Cechim PL, Perdomini FRI, Quaresma LM. Gestantes HIV positivas e sua não adesão à profilaxia no pré-natal. Rev bras enferm. 2007; 60(5): 519-23.	Qualitative study	Specific and general context
	Misuta NM, Soares DA,Souza RKT,		

E	Matsuo T, Andrade SM. Sorologia anti-HIV e aconselhamento pré-teste em gestantes na região noroeste do Paraná, Brasil. Rev bras saúde matern infant. 2008; 8(2): 197-205.	Cross-sectorial study	Specific context
F	Araújo MAL, Silveira CB, Silveira CB, Melo SP. Vivências de gestantes e puérperas com o diagnóstico do HIV. Rev bras enferm. 2008; 61(5): 589-94.	Qualitative study	General contexto
G	Moura EL, Praça NS. Transmissão vertical do HIV: expectativas e ações da gestante soropositiva. Rev latinoam enferm. 2006; 14(3): 405-13.	Qualitative study	General context

Table 1-Distribution of articles according to the reference, the study delineation and contextual layer addressed, Natal/RN, 2014.

Source: SCOPUS, CINAHL, PUBMED and LILACS.

* Context of phenomenon – prevention of vertical transmission of HIV - approached with more focus by the authors of the articles.

Analyzing the seven selected articles with regard to the year, it was observed that there was a gradual interest by authors in search on the subject despite being a health problem long ago debated and not having been captured, in this review, publications for the last 03 years.

When checking the delineations of the studies, in most publications, qualitative studies were identified, which is justified by the approach given by the authors, to contextual layers more subjective phenomenon.

Role of the nurse as regards prevention of vertical transmission of HIV

In the context of primary care, the nurse can perform several activities: advice pre and post-test; pre and post advice; realization of prenatal consultation, involving clinical laboratory monitoring (prenatal routine examinations and follow up of drug treatment) and medicated (antiretroviral). In secondary and tertiary care, there are the care and management of the prepartum period (advice and carrying out the rapid tests), childbirth (obstetric management and route of delivery), puerperium (maternal anti-retroviral treatment and suspension and inhibition of lactation, newborn care).[8]

However, it is important to highlight that the nurse can act in many different levels of health care, but it is within the framework of primary health care that he can develop actions that minimize this risk as early exposure vertically. The World Health Organization stated that 80% of health demands should be addressed in primary care.[9]

It is highlighted here two principles listed by Starfield[10]: the integrality of attention and longitudinal care.

The integrality of care corresponds to recognition of real needs of the population through the lifting of the Situational diagnosis of the population and through the care for

the basic health unit, is to promote, prevent disease or recover health, as well as articulating health care networks to operationalize best that care.[10]

Given this, it is easy to see that the nurse can know better the territory attached and, consequently, the potential of the community and vulnerabilities of its customers, for example, the vulnerability to sexually transmitted diseases. Based on this, develop activities of health education or counseling in various community spaces, involving issues of sexuality and about the prevention of sexually transmitted diseases or about reproductive planning, mainly for women with the HIV virus, can be one of the most effective activities.

In turn, the longitudinal care is the long-term professional contact with the client, regardless of the existence of a problem.[10] The follow up of a woman who was healthy and that, subsequently, presented HIV infection and became pregnant; and the nurse went on to perform prenatal, postpartum, growth and development of the child and follow-up of the family are examples of the longitudinal of care with a focus on women's and child health and prevention of vertical transmission of HIV.

But, does this care, really, consider the real needs of the community and of the client, whether considering the sociocultural, economic and emotional aspects? In fact, do the completeness and longitudinal care occurs, especially related to prevention of vertical transmission? Or, do the issues of operation still hamper the concreteness of these principles?

The performance of a professional on the prevention of vertical transmission is of paramount importance and involve many possibilities. However, it is still full of difficulties and challenges. For this, it is necessary to understanding the context that surrounds this activity so that the results of the practice of the nurse strengthen its contribution to minimize these risks to exposure of HIV through vertical transmission.

Factors that hinder the prevention of vertical transmission of HIV

There are some obstacles to a better performance of nurses regarding the prevention of vertical transmission of HIV, related to operational, technical scope or context of life of these women.

In a study, it was observed that pregnant women with HIV infection presented a lower frequency of prenatal consultations in relation to pregnant women without this kind of infection. Furthermore, between 358 of pregnant women with HIV, 12.3% did not receive prenatal care.[11]

Authors point out that the difficulty of access to health services and the provision of antiretroviral drugs, as well as the laboratory tests and the rapid test during the prenatal period, are configured as one of the favorable factors for the occurrence of vertical transmission of HIV. The studies enabled these researchers show still difficulties in consultations appointments, in early training of pregnancy and delay to the customer. As for the HIV test, it was also possible to detect some basic health units do not realize the collection of biological material, the laboratories carry out few of them and there are geographical distance between the laboratories and the residence of the pregnant woman.[11.12]

In this scenario, often the laboratory examination only returns to the basic health unit after the childbirth, which compromises the taken measures early prophylaxis of vertical transmission of HIV even though, currently, is being offered in the Unified Health System (SUS) HIV rapid test for pregnant women during prenatal care, but some professionals have not been trained or are still encountering operational difficulties.

Research findings revealed several factors that were reason for non-adherence to prenatal care for pregnant women with HIV infection: difficulties in accessing health services due to issues concerning infrastructure and insufficient human resources; the lack of social and financial support, primarily to go to a reference service of high-risk prenatal; lack of support of the partner; and lack of self-care.[13.14]

In this way, to the nurse acting so decisive in preventing vertical transmission of HIV is essential to be present elements as the inter-sectorial approach, interdisciplinary and coordination of care.

As Mendes states, the inter-sectorial approach is one of the elements of health surveillance and should be understood as the complementarity of the various services, but for this to occur in fact, it is necessary the bond and communication between them.[4] In the case of nursing care on prevention of vertical transmission of HIV, the actions of the nurse could be more effective if the education sectors that support for health education; If the transport sector offers more support to the displacement of pregnant women for the basic unit of health and referral service in high-risk prenatal; and if the social welfare sector also involved giving social support.

Similarly, Mendes points out that it is imperative that there is articulation of knowledge through interdisciplinary, so there is better care orientation.[4] Coordination of care, as Starfield states, is crucial for this care orientation, because often there is not reference and counter-reference between the professionals of various sectors.[10]

Another difficulty for assistance from a nurse in this scenario of the prevention of vertical transmission is the practice of health advice. In a study conducted with women, it was evidenced that from 435 respondents, all had a follow up in the prenatal HIV test coverage of 89.6%, but only 13.6% reported having received pre-test advice. The absence of advice suggests that was not given the option of accepting or refusing the test, nor was it discussed their perception of risk, safe practices, and, if they were diagnosed with HIV, the importance of chemoprophylaxis and treatment adherence.[15]

The advice involves exchanges of information between the client and professional, and should be guided by active listening and the relationship of trust between the individuals involved in this process. The approach must be centered in person1[6], to the extent that the nurse is only a facilitator of the process, but will be the individual who strengthen her care.

According to Bonaventure Santos[2:60], in the emerging paradigm, “give preference knowledge forms to ensure the greater participation of social groups involved in the concpetion, implementation, control and enjoyment of intervention”, so the knowledge in the science of health is also social and scientific.

Considering HIV-related to advice, women need to have knowledge about the infection and, what is the vertical transmission and what are the possibilities of prevention

so that she can make her decision and attitudes. Nurses and other health professionals who work in interdisciplinary way should also be available to clarify and inform these women regarding the own demands placed by them.

Cultural aspects involved in the prevention of vertical transmission of HIV

Aspects concerning beliefs, stigmata and feelings that permeate the lives of these pregnant women can influence the nursing care on prevention of vertical transmission, mainly in a negative way.

Research revealed a series of these negative feelings brought on by pregnant women: fear of discrimination and contempt by relatives and other acquaintances in case of communication about HIV infection; social isolation due to the myths and stigmas that still permeate the disease; feeling of pain when receiving the news of the pregnancy, that feeling has also performed in some women due to financial difficulties and the absence of a supportive family or partner; feeling of suffering by not being able to breastfeed the child; idea of being responsible for the treatment to prevent HIV transmission to the child; and guilt, in cases where the child is born with positive serology for HIV.[13.14.17.18]

In this context, it is possible that the nurse is prepared to provide assistance to women with a disease that is still pretty stigmatized by society and having the possibility to transmit to her son?

It is understood that since the training, these professionals are encouraged to deal with situations of social, emotional and ethical content. The current training is sparking the confrontation of care focusing on social and political contexts, which undoubtedly is a big step, but still has a lot to go.

It is seen therefore, in this type of situation, the scenario of the nurse going beyond institutional spaces and disease, to the extent that for efficaciousness in his actions, here understood the prevention of vertical transmission, it is necessary that this professional experience and analyze the reality that this expectant mother faces. After all, it will not be enough to inform about the need to perform prenatal consultations, routine exams and about the medication, if the social, cultural, economic elements and subjective are not considered.

It is also considered that the client must pass to reflect on situations that may interfere with their health, having thus strengthening the sick subject, not only in their relation with the disease but also to deals with the world and with the people around them. In this sense, the power relationship[19] between professional-client shall be horizontal, since although the professional holds technical knowledge, the client is prompted to reflect on his reality and join their care plan.

However, for this to occur, the nurse must start to think and reflect about the care in post-modernity, i.e. care as being a moment that requires customer participation, commitment, attention, respect, ethics and responsibility to each other, especially when they include beliefs and feelings.[20.21]

Health policies aimed at preventing HIV/AIDS

In 1985, after the increase number of cases of AIDS, the lack of perspective on life of sick people and the social and economic consequences, elaborated the guidelines of the program of control of Acquired Immunodeficiency Syndrome. The Ministerial Decree nº 542/86 lays down that AIDS would be a notifiable disease. In 1988, there was the creation of the national program for the Control of sexually transmitted diseases and AIDS (PN STD/AIDS), which played a key role in the context of actions against these diseases.[22]

The Ordinance No. 21 of March 21, 2005, on the other hand, ensured access and free distribution of medicines for AIDS and opportunistic infections.[23]

The Ministry of Health has also published, in 2007, the "Protocol for the prevention of Vertical HIV and syphilis", which aimed to contribute to the improvement of quality in the care of women and newborns by proposing a reduction in the rate of vertical transmission of HIV and elimination of congenital syphilis to 1%.[24]

Recently, in 2010, the Ordinance GM No. 4279/of December 30, 2010 was published, which establishes guidelines for the Organization of the Health Care Network (RAS) under the Unified Health System. The goal of RAS is to promote actions and health services with guaranteed fair access to an integral care, resolutive, quality, humane and appropriate time. The characteristics of the RAS are: formation of horizontal relations between points of care, having the APS as communication center; centrality in the health needs of the population; accountability for continuous and integral care; multidisciplinary care; sharing goals and commitments to health and economic outcomes. A few lines of care were prioritized, among them, the network of obstetric and neonatal Care.[25]

The obstetric and neonatal RAS, operationalized by Rede Cegonha, is a strategy which aims to implement a network of care to ensure women the right to reproductive planning and humanized care to pregnancy, childbirth and the puerperium, and children the right to a safe birth and growth and healthy development.[26]

The proposal of improving health service access is intended to improve the conditions of service, ensuring the delivery of the results of laboratory tests in a timely manner and facilitating the displacement of these pregnant women to health services, for example. In the case of prevention of vertical transmission, the prevention and treatment of STD/AIDS and the provision of HIV rapid test to all pregnant women.[26]

These policies consider the doctrinal and organizational principles of the Unified Health System, expanded health conception, teamwork and the epidemiological situation of HIV virus and AIDS that still are health problems.

Therefore, it is essential to bear in mind that health policies have a macro character and that, often, the micro-reality is quite different, a fact that can make it difficult, particularly, to the effectiveness of these policies.

Indeed, the various political, economic and cultural contexts will be large responsible for this differentiation. The SUS and its proposals are striking, but the diversity and the dynamism that each region and the Northeast have requires planning in health with strategic-situational character27, which is based on the theory of the social production of

Matus[28], and not in vertical oriented regulatory planning. Health care networks are being built and operated to try to change this paradigm of management in health.

CONCLUSION

It is considered that the nurse in the practices of prevention of vertical transmission is faced with various angles of reality. Therefore, in this study, it is sought to analyze the performance of a professional in this area from the theoretical approach based on Hinds, Chaves and Cypress through the layers that constitute the practical reality of the nurse (immediate, specific, general context and meta-context).

The study noted that the nursing care on prevention of vertical transmission has a range of possibility, mainly as a result of the advances of the Unified Health System, but still has many challenges to overcome.

To do so, perhaps this is the moment to support the emerging paradigm of health or in the paradigm of social production, because it is necessary that both the nurses and managers consider the real needs of those pregnant women by reading up here sociocultural, economic, political and emotional aspects. Practicing in this way, a person centered approach and allowing them greater autonomy in relation to their care plan.

Indeed, for this to occur is essential for a broader view, critical and inextricably linked the various contexts being instigated since the formation of nurses, so it will be easier to build a reflective, humanistic and ethical practice and with that, greater quality in the care of efficaciousness and nursing.

REFERENCES

1. Kuhn TS. A estrutura das revoluções científicas. São Paulo, Perspectiva; 2001.
2. Santos BS, Meneses MP. Epistemologias do Sul. São Paulo: Cortez; 2010.
3. Morin E. Ciência com consciência. Rio de Janeiro:Bertrand Brasil; 1996.
4. Mendes EV. Um novo paradigma sanitário: a produção Social da Saúde. In: Uma Agenda para a saúde. 2. ed. São Paulo: Hucitec;1999.
5. Brasil. Ministério da Saúde. Departamento de Informática do Sistema Único de Saúde. Casos de AIDS identificados no Brasil [internet]. 2013[citado em 2013 jul 10]. Disponível em: http://www2.aids.gov.br/cgi/tabcgi.exe?tabnet/br.def

6. Whittemore R, Knafl K. The integrative review: updated methodology. Journal Advanced Nursing. 2005;52(5):546-53.

7. Hinds PS, Chaves DE, Cypress SM. Context as a source of meaning and understanding. Qual Health Res., Newbury Park. 1992; 2(1):61-74.

8. Brasil. Ministério da Saúde. Recomendações para Profilaxia da Transmissão Vertical do HIV e Terapia Antirretroviral em Gestantes: manual de bolso. Brasília (DF): Ministério da Saúde; 2010.

9. Campos, GWS. Papel da rede de atenção básica em Saúde na formação médica Diretrizes. Cadernos ABEM. 2007;3.

10. Starfield B. Atenção Primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO- Ministério da Saúde; 2002.

11. Barcellos C, Acosta LMW, Lisboa E, Bastos FI. Vigilância da transmissão vertical do HIV: indicadores socioeconômicos e de cobertura de atenção à saúde. Rev saúde pública. 2009;43(6):1006-13.

12. Araújo MAL, Vieira NFC, Silva RM. Implementação do diagnóstico da infecção pelo HIV para gestantes em Unidade Básica de Saúde da Família em Fortaleza, Ceará. Ciênc & saúde coletiva. 2008; 13(6):1899-906.

13. Darmont MQR, Martins HS, Calvet GA, Deslandes S, Menezes JA. Adesão ao pré-natal de mulheres HIV+ que não fizeram profilaxia da transmissão vertical: um estudo sócio-comportamental e de acesso ao sistema de saúde. Cad saúde pública. 2010; 26(9):1788-96.

14. Cechim PL, Perdomini FRI, Quaresma LM. Gestantes HIV positivas e sua não-adesão à profilaxia no pré-natal. Rev bras enferm. 2007; 60(5): 519-23.

15. Misuta NM, Soares DA,Souza RKT, Matsuo T, Andrade SM. Sorologia anti-HIV e aconselhamento pré-teste em gestantes na região noroeste do Paraná, Brasil. Rev bras saúde matern infant. 2008; 8(2): 197-205.

16. Campos GWS. A clínica do sujeito: por uma clínica reformulada e ampliada. In: Saúde Paidéia. São Paulo: Hucitec; 2003.

17. Araújo MAL, Silveira CB, Silveira CB, Melo SP. Vivências de gestantes e puérperas com o diagnóstico do HIV. Rev bras enferm. 2008; 61(5): 589-94.

18. Moura EL, Praça NS. Transmissão vertical do HIV: expectativas e ações da gestante soropositiva. Rev latinoam enferm. 2006; 14(3):405-13.

19. Foucault M. Microfísica do Poder.12a edição. Petrópolis –RJ.Vozes; 1995.

20. Girondi JBR, Hames MLC. O cuidar institucional da Enfermagem na lógica da pósmodernidade. Acta paul enferm. 2007; 20(3): 368-72.

21. Boff L. Saber cuidar: ética do humano, compaixão pela terra. 10ed. Petrópolis: Vozes; 2004.

22. Monteiro AL, Villela WV. A Criação do Programa Nacional de DST e AIDS como Marco para a Inclusão da Idéia de Direitos Cidadãos na Agenda Governamental Brasileira. Psicologia política. 2009; 9(17):25-45.

23. Brasil. Ministério da Saúde. Portaria n.º 21 de março de 2005. Orienta e organiza o acesso e a distribuição dos medicamentos para AIDS [internet]. 2005[citado em 2013 jul 20]. Disponível em: http://www.aids.gov.br/sites/default/files/anexo_3_1_002.pdf

24. Brasil. Ministério da Saúde. Protocolo para a prevenção de transmissão vertical de HIV e sífilis: manual de bolso. Brasília: Ministério da Saúde; 2007.

25. Brasil. Ministério da Saúde. Portaria/GM nº 4279 de 30 de dezembro de 2010, que estabelece diretrizes para a organização da Rede de Atenção à Saúde (RAS) no âmbito do Sistema Único de

Saúde [internet]. 2010b [citado em 2013 jul 20]. Disponível em: http://www.brasilsus.com.br/legislacoes/gm/107038-4279.html

26. Brasil. Ministério da Saúde. Portaria nº 1.459, de 24 de junho de 2011.Institui, no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha [internet]. 2011[citado em 2013jul 20]. Disponível em:http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt 1459_24_06_2011.html

27. Kurcgant P. (org.) Gerenciamento em enfermagem. Rio de Janeiro: Guanabara/Koogan; 2010.

28. Matus C. Política, planejamento e governo. Brasília (DF): IPEA; 1996.

Received on: 06/03/2014
Required for review: No
Approved on: 03/09/2014
Published on: 01/01/2015

Contact of the corresponding author:
Romanniny Hévillyn Silva Costa
Campus Universitário, S/N - Departamento de Enfermagem
Lagoa Nova, Natal (RN), 59072-970